



New Client Information

Please Print Clearly

Today's Date: _____

Name: _____ Spouse/Other: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Employer: _____

Drivers License (for check payment and dispensing controlled substances): _____

Emergency Contact Name: _____ Phone: _____

How did you hear of us (Circle all that apply)?

DRIVE-BY
 WEBSITE
 INTERNET SEARCH
 FACEBOOK

REFERRAL: _____ OTHER: _____

Name	Species	Breed	Color	Sex	Birthdate
	Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other <input type="checkbox"/>			Male/Female Neutered Spayed	
	Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other <input type="checkbox"/>			Male/Female Neutered Spayed	
	Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other <input type="checkbox"/>			Male/Female Neutered Spayed	
	Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other <input type="checkbox"/>			Male/Female Neutered Spayed	

All Fees Are Due And Payable Upon Completion Of Services

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed. Furthermore, I agree to pay fees for all services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection, attorney fees, and court costs in the event that collection efforts become necessary. I agree that the venue of this action will be in the county where the hospital is located. I also give the Highland Veterinary Hospital permission to photograph and videotape my pet for marketing use.

Signature: _____ Date: _____



OFFICE USE: WC: _____ RC: _____

File Checked: _____